DECLARATION/POWER O	F ATTORNEY	Attorney Docket Nu	mber					
FOR				17988A				
UTILITY OR DESIGN PATENT APPLICATION		First Named Invento	or	Mark F. Kelco	wrse			
					İ			
(37 CFR 1	.63)							
□ Declaration     □	Declaration	COMPLETE IF KNOWN						
Submitted	Submitted after Initial	Application Number						
with Initial Filing	Filing (surcharge (37 CFR 1.16(c)) required	Filing Date		Herewith				
Limg		Group Art Unit						
		Examiner Name	1					
As a below named inventor, I hereby declare that:								
My residence, mailing address, ar	nd citizenship are as stated	below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
APPARATUS, METHODS AND ARTICLES OF MANUFACTURE FOR A MULTI-BAND SWITCH								
the specification of which								
is attached hereto								
OR								
was filed on as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment spec	cifically referred to above.		•					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT internatinal application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	Attached?			
Number(s)	Country		405 Clatified	YES	NO			
			0	0				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s		Date (MM/DD/YYYY)						
60/434,380	12/17/2002	12/17/2002		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 3]

DECLARATION - Utility or Design Patent Applicati n								
Direct all correspondence to:  Customer Number or Correspondence address below								
Name	Name Driscoll A. Nina, Jr., Esquire							
Address	Tyco Technology Resources							
Address 4550 New Linden Hill Road—Suite 140								
City	Wilmington		State I	)E	Zip 19808-2952			
C untry	US	Telep	hone (302	) 633 3566	Fax (302) 633 2776			
POWER OF ATTORNEY  I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark  Office c meeted therewith:  Driscoll A. Nina, Jr. Registration No. 34685 Robert J. Kapalka Registration No. 34198 Michael J. Aronoff Registration No. 37770 Salvatore Anastasi Registration No. 39090 T. Daniel Christenbury Registration No. 31750 Paul A. Taufer Registration No. 35703 Frank A. Cona Registration No. 38412 Darius C. Gambino Registration No. 41472 James E. Bauersmith Registration No. 50533  [x] I hereby appoint the practitioner(s) associated with Customer Number 035811 to prosecute this application and 12 transact all business in the Patent and Trademark Office connected therewith.								
Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).								
DECLARATION								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])  Mark F.  Family Name or Surname  Kelcourse								
Inventor's Signature Man Holdsuse Date 12/12/03								
l l		State MA		Country US	Citizenship US			
Mailing Address: 511 Princeton Blvd.								
Mailing Address:								
City Lowell		State MA		Zip 01853	Country US			

	$\overline{}$							
NAME OF SECOND INVENTOR:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name	or Surname					
Christopher N.	٠,	Brindle						
Inventor's Signature Date 12 12 03								
Residence/City: Dracut	Stat	te MA	Country US	Citizenship US				
Mailing Address: 48 Homefield Avenue								
Mailing Address:								
City: Dracut	Stat	te MA	<b>Zip</b> 01826	Country US				
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:	ME OF ADDITIONAL JOINT INVENTOR, IF ANY:  A petition has been filed for this uns							
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature	Date							
Residence/City:	State	ie	Country	Citizenship				
Mailing Address:								
Mailing Address:								
City:	State	ie	Zip	Country				
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	Family Name or Surname							
Inventor's Signature								
Residence/City:		te	Country	Citizenship				
Mailing Address								
Mailing Address			misma and a					
City	State	æ	Zip	Country				
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:	insigned inventor							
Given Name (first and middle [if any])								
Inventor's Signature				Date				
Residence/City:		te	Country	Citizenship				
Mailing Address								
Mailing Address								
City		te	Zip	Country				

[ ] Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 3 of 3]